

U. S. ARMY ENGINEER DISTRICT, MEMPHIS

STUDENT SUMMER EMPLOYMENT PROGRAM INFORMATION PACKAGE

PURPOSE OF THE PROGRAM: The Student Summer Employment Program is designed to benefit students who are in high school or are continuing their education following high school graduation. Program participants are provided with a source of income while obtaining valuable work experience. Students pursuing a degree higher than the baccalaureate level are also eligible for the program.

TYPE AND LENGTH OF APPOINTMENTS: Students are appointed in the Excepted Service to appointments, which are not to exceed 30 September.

GENERAL ELIGIBILITY REQUIREMENTS:

- Student must be at least 16 years of age at the time of the appointment.
- Student must be an U.S. citizen (few exceptions are allowed).
- Student is encouraged to excel in academic studies and progress from one level to the next at the appropriate rate of a full-time student.
- Students with less than a 2.0 GPA are not eligible for the program.

WORK SCHEDULES:

- (a) **Work schedules.** Students appointed under this program
1. normally work on a part-time schedule while in school is in session
 2. are allowed to work full-time (provided there is sufficient work available and the work schedule does not interfere with the school schedule) with prior supervisory approval.
- (b) **Overtime.** Overtime will be limited and may be scheduled only to meet emergency conditions or under occasional special circumstances and with prior supervisory approval.

QUALIFICATIONS AND COMPENSATION:

- (a) **Qualifications.** All applicants must meet the minimum qualifications requirements outlined by Office of Personnel Management (OPM). An evaluation will be made of the student's education, past work history and ability to perform assignments in order to determine qualifications. No written test is required.

(b) **Pay.**

1. Regular pay will be set no lower than the first step of the GS/WG-01. When a student is performing duties, which can be identified as classifiable at the higher level, the salary will be set at the appropriate higher General Schedule (GS) or Wage Grade (WG) rate.

a. Holiday Pay will be paid

1. when the holiday falls on a day which is included in the student's regular tour of duty, provided the student is in a duty status the day prior and after the holiday.

2. based upon the number of hours which the student is normally scheduled to work on that day. Students who work under a full time schedule will receive full-time pay for any holidays. The regulation differs for students who have appointments, which are less than 90 days in duration.

(c) **Entitlement to Benefits.** Students are:

1. not eligible for coverage under either Civil Service (CSRS) or Federal Employee's Retirement System (FERS).

2. not eligible for coverage under the Federal Employee's Group Life Insurance (FEGLI) Program.

3. not eligible for coverage under the Federal Employee's Health Benefit (FEHB).

4. entitled to earn annual and sick leave in accordance with OPM leave regulations for time-limited appointments of 90 days or less.

***Substantially Full-time** – Students attending college must be enrolled for at least half time (6 semester hours or the quarter-hour equivalent). An exception is made for students who are seniors and have only a limited number of courses remaining for graduation.

****Accredited school** – A public or private secondary school (or other appropriate school for mentally retarded students), vocational school or other institution of higher learning, which is accredited by a local board of education, a technical or professional association or by other recognized accrediting bodies.

U.S. ARMY ENGINEER DISTRICT, MEMPHIS

STUDENT TEMPORARY EMPLOYMENT PROGRAM
(formerly Stay-In School Program)

APPLICATION PROCEDURES:

1. Student ***must be at least 16 years of age*** to participate in the program.
- 2.

WHAT TO FILE	
HIGH SCHOOL STUDENTS	POST HIGH SCHOOL STUDENTS
Application or Resume	Application or Resume
Certification of Student's School Affiliation	Certification of Student's School Affiliation (If a recent high school graduate, submit a copy of college or university acceptance letter)
Tentative Work Schedule	Tentative Work Schedule
Memorandum for Record, Subject: Student Temporary Employment	Memorandum for Record, Subject: Student Temporary Employment Program
High School Transcript	Complete College Transcript If a recent high school graduate, submit a complete high school transcript

NOTE: A grade report/transcript, which indicates unsatisfactory academic performance (i.e., cumulative GPA below 2.0), will result in nonconsideration for employment under the program.

NOTE: Transcripts must be certified and sent directly from the school.

3. The aforementioned documents must be forwarded to the Human Resources Management (HRM) Office at the following address:

ATTN: CEMVM-HR (A. MILLER)
US ARMY ENGINEERS DISTRICT MEMPHIS
167 N MAIN B202
MEMPHIS TN 38103-1894

4. Should you need additional information regarding the program or have questions concerning application procedures, please feel free to contact Rachel Thorne at (901) 544-0794.

APPLICATIONS WILL BE RETURNED WITHOUT ACTION IF ALL REQUIRED DOCUMENTS ARE NOT SUBMITTED OR IF THE APPLICATION IS INCOMPLETE.

TO WHOM IT MAY CONCERN:

I hereby authorize the release of requested information to establish my eligibility for employment in the Student Temporary Employment Program with the Corps of Engineers, Memphis District.

STUDENT'S SIGNATURE

DATE

SUBJECT: CERTIFICATION OF STUDENT'S SCHOOL AFFILIATION

1. This certifies that _____ is currently enrolled for at least half-time attendance for the _____ school year. He/she (is) _____ (is not) _____ maintaining an acceptable school standing (GPA of at least 2.0).

2. Please complete the following as appropriate.

Student status:

➤ High school

_____ Half-time Student

If yes, how many hours is the student enrolled? _____

What time is the student released from school on a daily basis _____

_____ Full-time Student

➤ Post high school

_____ Half-Time Student

If yes, how many hours is the student enrolled? _____

_____ Full-Time Student

Type of Degree being sought:

➤ _____ Certificate

➤ _____ High School Diploma

➤ _____ Degree

If yes, what level is being sought (i.e., bachelor's, master's)? _____

SIGNATURE OF SCHOOL OFFICIAL

TITLE

SCHOOL

DATE

TENTATIVE WORK SCHEDULE

PLEASE INDICATE BELOW THE DAYS AND TIMES YOU WOULD BE AVAILABLE TO WORK:

MONDAY _____ TO _____

TUESDAY _____ TO _____

WEDNESDAY _____ TO _____

THURSDAY _____ TO _____

FRIDAY _____ TO _____

THIS SHEET SHOULD BE RETURNED IN CONJUNCTION WITH THE FOLLOWING:

- APPLICATION FOR FEDERAL EMPLOYMENT
- CERTIFICATION SHEET
- PROOF OF THE REQUEST FOR A CERTIFIED COPY OF YOUR TRANSCRIPT HAS BEEN REQUESTED

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT Rachel Thorne at (901) 544-0794.

MEMORANDUM FOR RECORD

SUBJECT: Student Summer Employment Program

1. I, understand that I must continually meet all requirements for employment under the Student Summer Employment Program as outlined below:

- As a program participant, I must be enrolled for at least half-time attendance (or have been accepted for enrollment) in an accredited school and must be working towards a degree, diploma, certificate, etc.

2. While employed in the program, I understand that I may be unable to work up to 40 hours per week without prior supervisory approval.

3. Should my appointment be near expiration, my supervisor may opt to continue my employment or allow my appointment to expire at his/her discretion. As indicated above, the continuance of my employment is also contingent upon my maintaining all initial requirements of the program.

4. Failure to meet any of the requirements as outlined above will result in the immediate termination of your employment.

STUDENT'S SIGNATURE

DATE

Application for Federal Employment - SF 171

Form Approved
OMB No. 3208-0012

Read the instructions before you complete this application. Type or print clearly in dark ink.

GENERAL INFORMATION

1 What kind of job are you applying for? Give title and announcement no. (if any)

2 Social Security Number

3 Sex

☐ Male

☐ Female

4 Birth date (Month, Day, Year)

5 Birthplace (City and State or Country)

6 Name (Last, First, Middle)

Mailing address (include apartment number, if any)

City

State

ZIP Code

7 Other names ever used (e.g., maiden name, nickname, etc.)

8 Home Phone

9 Work Phone

Area Code Number

Area Code Number

Extension

10 Were you ever employed as a civilian by the Federal Government? If "NO", go to item 11. If "YES", mark each type of job you held with an "X".

☐ Temporary

☐ Career-Conditional

☐ Career

☐ Excepted

What is your highest grade, classification series and job title?

Dates at highest grade: FROM

TO

AVAILABILITY

11 When can you start work? (Month and Year)

12 What is the lowest pay you will accept? (You will not be considered for jobs which pay less than you indicate.)

Pay \$ per OR Grade

13 In what geographic area(s) are you willing to work?

14 Are you willing to work:

A. 40 hours per week (full-time)?

B. 25-32 hours per week (part-time)?

C. 17-24 hours per week (part-time)?

D. 16 or fewer hours per week (part-time)?

E. An intermittent job (on-call/seasonal)?

F. Weekends, shifts, or rotating shifts?

15 Are you willing to take a temporary job lasting:

A. 5 to 12 months (sometimes longer)?

B. 1 to 4 months?

C. Less than 1 month?

16 Are you willing to travel away from home for:

A. 1 to 5 nights each month?

B. 6 to 10 nights each month?

C. 11 or more nights each month?

MILITARY SERVICE AND VETERAN PREFERENCE

17 Have you served in the United States Military Service? If your only active duty was training in the Reserves or National Guard, answer "NO". If "NO", go to item 22.

18 Did you or will you retire at or above the rank of major or lieutenant commander?

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER
PREVIOUS EDITION USABLE UNTIL 12-31-90

DO NOT WRITE IN THIS AREA

FOR USE OF EXAMINING OFFICE ONLY

Date entered register

Form reviewed:

Form approved:

Option	Grade	Earned Rating	Veteran Preference	Augmented Rating
			<input type="checkbox"/> No Preference Claimed	
			<input type="checkbox"/> 5 Points (Tentative)	
			<input type="checkbox"/> 10 Pts. (30% Or More Comp. Dis.)	
			<input type="checkbox"/> 10 Pts. (Less Than 30% Comp. Dis.)	
			<input type="checkbox"/> Other 10 Points	

Initials and Date

☐ Disallowed

☐ Being Investigated

FOR USE OF APPOINTING OFFICE ONLY

Preference has been verified through proof that the separation was under honorable conditions, and other proof as required.

☐ 5-Point

☐ 10-Point--30% or more Compensable Disability

☐ 10-Point--Less Than 30% Compensable Disability

☐ 10-Point--Other

Signature and Title

Agency

Date

MILITARY SERVICE AND VETERAN PREFERENCE (Cont.)

19 Were you discharged from the military service under honorable conditions? (If your discharge was changed to "honorable" or "general" by a Discharge Review Board, answer "YES". If you received a clemency discharge, answer "NO".) If "NO", provide below the date and type of discharge you received.

YES	NO

Discharge Date
(Month, Day, Year)

Type of Discharge

20 List the dates (Month, Day, Year), and branch for all active duty military service.

From

To

Branch of Service

21 If all your active military duty was after October 14, 1976, list the full names and dates of all campaign badges or expeditionary medals you received or were entitled to receive.

22 Read the instructions that came with this form before completing this item. When you have determined your eligibility for veteran preference from the instructions, place an "X" in the box next to your veteran preference claim.

☐ NO PREFERENCE

☐ 5-POINT PREFERENCE -- You must show proof when you are hired.

10-POINT PREFERENCE -- If you claim 10-point preference, place an "X" in the box below next to the basis for your claim. To receive 10-point preference you must also complete a Standard Form 15, Application for 10-Point Veteran Preference, which is available from any Federal Job Information Center. ATTACH THE COMPLETED SF 15 AND REQUESTED PROOF TO THIS APPLICATION.

☐ Non-compensably disabled or Purple Heart recipient.

☐ Compensably disabled, less than 30 percent.

☐ Spouse, widow(er), or mother of a deceased or disabled veteran.

☐ Compensably disabled, 30 percent or more.

NSN 7540-00-935-7150

171-110

Standard Form 171 (Rev. 6-88)

U.S. Office of Personnel Management

FPM Chapter 295

V2.00

<p>23 May we ask your present employer about your character, qualifications, and work record? A "NO" will not affect our review of your qualifications. If you answer "NO" and we need to contact your present employer before we can offer you a job, we will contact you first.....</p>	<p>YES</p>	<p>NO</p>
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YES	NO

- Describe your current or most recent job in Block A and work backwards, describing each job you held during the past 10 years. If you were unemployed for longer than 3 months within the past 10 years, list the dates and your address(es) in an experience block.
- You may sum up in one block work that you did more than 10 years ago. But if that work is related to the type of job you are applying for, describe each related job in a separate block.
- INCLUDE VOLUNTEER WORK (*non-paid work*)-if the work for a part of the work is like the job you are applying for, complete all parts of the experience block just as you would for a paying job. You may receive credit for work experience with religious, community, welfare, service, and other organizations.

- **INCLUDE MILITARY SERVICE**--You should complete all parts of the experience block just as you would for a non-military job, including all supervisory experience. Describe each major change of duties or responsibilities in a separate experience block.
- **IF YOU NEED MORE SPACE TO DESCRIBE A JOB**--Use sheets of paper the same size as this page (be sure to include all information we ask for in A and B below). On each sheet show your name, Social Security Number, and the announcement number or job title.
- **IF YOU NEED MORE EXPERIENCE BLOCKS**, use the SF 171-A or a sheet of paper.
- **IF YOU NEED TO UPDATE (ADD MORE RECENT JOBS)**, use the SF 172 or a sheet of paper as described above.

A	Name and address of employer's organization (include ZIP Code, if known)			Dates employed (give month, day and year)		Average number of hours per week	Number of employees you supervise
				From: _____ To: _____			
				Salary or earnings		Your reason for wanting to leave	
Starting \$ _____ per _____							
Ending \$ _____ per _____							
Your immediate supervisor Name		Area Code	Telephone No.	Exact title of your job		If Federal employment (civilian or military) list series, grade or rank, and, if promoted in this job, the date of your last promotion	

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, including the job title(s) of any employees you supervised. If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each.

For Agency Use (skill codes, etc.)

B	Name and address of employer's organization <i>(include ZIP Code, if known)</i>			Dates employed <i>(give month, day and year)</i>		Average number of hours per week	Number of employees you supervised
				From: _____ To: _____			
				Salary or earnings Starting \$ _____ per Ending \$ _____ per		Your reason for leaving	
Your immediate supervisor Name		Area Code	Telephone No.	Exact title of your job		If Federal employment <i>(civilian or military)</i> list series, grade or rank, and, if promoted in this job, the date of your last promotion	

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, including the job title(s) of any employees you supervised. If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each.

[illegible]

Standard Form 171-A - Continuation Sheet for SF 171

Form Approved:
OMB No. 3206-0012

• Attach all SF 171-A's to your application at the top of page 3.

1. Name (Last, First, Middle Initial)	2. Social Security Number
3. Job Title or Announcement Number You Are Applying For	4. Date Completed

ADDITIONAL WORK EXPERIENCE BLOCKS

<input type="checkbox"/>	Name and address of employer's organization (include ZIP Code, if known)		Dates employed (give month, day and year)		Average number of hours per week	Number of employees you supervised
			From:	To:		
			Salary or earnings		Your reason for leaving	
Starting \$		per				
Ending \$		per				
Your immediate supervisor Name	Area Code	Telephone No.	Exact title of your job		If Federal employment (civilian or military) list series, grade or rank, and, if promoted in this job, the date of your last promotion	

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, including the job title(s) of any employees you supervised. If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each.

						For Agency Use (skill codes, etc.)	
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<input type="checkbox"/>	Name and address of employer's organization (include ZIP Code, if known)		Dates employed (give month, day and year)		Average number of hours per week	Number of employees you supervised
			From:	To:		
			Salary or earnings		Your reason for leaving	
Starting \$		per				
Ending \$		per				
Your immediate supervisor Name	Area Code	Telephone No.	Exact title of your job		If Federal employment (civilian or military) list series, grade or rank, and, if promoted in this job, the date of your last promotion	

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, including the job title(s) of any employees you supervised. If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage time you spent doing each.

						For Agency Use (skill codes, etc.)	
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EDUCATION

25 Did you graduate from high school? <i>If you have a GED high school equivalency or will graduate within the next nine months, answer "YES".</i> YES <input type="checkbox"/> If "YES", give month and year graduated or received GED equivalency:..... NO <input type="checkbox"/> If "NO", give the highest grade you completed:..	26 Write the name and location (<i>city and state</i>) of the last high school you attended or where you obtained your GED high school equivalency. 27 Have you ever attended college or graduate school? YES <input type="checkbox"/> If "YES", continue with 28. NO <input type="checkbox"/> If "NO", go to 31.
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28	NAME AND LOCATION (<i>city, state and ZIP Code</i>) OF COLLEGE OR UNIVERSITY. <i>If you expect to graduate within nine months, give the month and year you expect to receive your degree:</i>				MONTH AND YEAR ATTENDED		NUMBER OF CREDIT HOURS COMPLETED		TYPE OF DEGREE (<i>e.g. B.A., M.A.</i>)	MONTH AND YEAR OF DEGREE
	Name	City	State	ZIP Code	From	To	Semester	Quarter		
1)										
2)										
3)										

29	CHIEF UNDERGRADUATE SUBJECTS <i>Show major on the first line</i>	NUMBER OF CREDIT HOURS COMPLETED		30	CHIEF GRADUATE SUBJECTS <i>Show major on the first line</i>	NUMBER OF CREDIT HOURS COMPLETED	
		Semester	Quarter			Semester	Quarter
1)				1)			
2)				2)			
3)				3)			

31 If you have completed any other courses or training related to the kind of jobs you are applying for (*trade, vocational, Armed Forces, business*) give information below.

NAME AND LOCATION (<i>city, state and ZIP Code</i>) OF SCHOOL	MONTH AND YEAR ATTENDED		CLASS-ROOM HOURS	SUBJECT(S)	TRAINING COMPLETED	
	From	To			YES	NO
School Name 1)						
City	State	ZIP Code				
School Name 2)						
City	State	ZIP Code				

SPECIAL SKILLS, ACCOMPLISHMENTS AND AWARDS

32 Give the title and year of any honors, awards or fellowships you have received. List your special qualifications, skills or accomplishments that may help you get a job. *Some examples are: skills with computers or other machines; most important publications (do not submit copies); public speaking and writing experience; membership in professional or scientific societies; patents or inventions; etc.*

33 How many words per minute can you: TYPE? TAKE DICTATION? <i>Agencies may test your skills before hiring you.</i>	34 List job-related licenses or certificates that you have, such as: <i>registered nurse; lawyer; radio operator; driver's; pilot's; etc.</i> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>LICENSE OR CERTIFICATE</th> <th>DATE OF LATEST LICENSE OR CERTIFICATE</th> <th>STATE OR OTHER LICENSING AGENCY</th> </tr> <tr> <td>1)</td> <td></td> <td></td> </tr> <tr> <td>2)</td> <td></td> <td></td> </tr> </table>	LICENSE OR CERTIFICATE	DATE OF LATEST LICENSE OR CERTIFICATE	STATE OR OTHER LICENSING AGENCY	1)			2)		
LICENSE OR CERTIFICATE	DATE OF LATEST LICENSE OR CERTIFICATE	STATE OR OTHER LICENSING AGENCY								
1)										
2)										

35 Do you speak or read a language other than English (*include sign language*)? *Applicants for jobs that require a language other than English may be given an interview conducted solely in that language.*

LANGUAGE(S)	YES <input type="checkbox"/> If "YES", list each language and place an "X" in each column that applies to you. NO <input type="checkbox"/> If "NO", go to 36.	
	CAN PREPARE AND GIVE LECTURES	CAN SPEAK AND UNDERSTAND
	Fluently With Difficulty	Fluently Passably
1)		
2)		

LANGUAGE(S)	CAN TRANSLATE ARTICLES				CAN READ ARTICLES FOR OWN USE	
	Into English	From English	Easily	With Difficulty		
1)						
2)						

REFERENCES

36 List three people who are not related to you and are not supervisors you listed under 24 who know your qualifications and fitness for the kind of job for which you are applying. At least one should know you well on a personal basis.

FULL NAME OF REFERENCE	TELEPHONE NUMBER(S) (<i>include Area Code</i>)	PRESENT BUSINESS OR HOME ADDRESS (<i>Number, street and city</i>)	STATE	ZIP CODE
1)				
2)				
3)				

BACKGROUND INFORMATION

You must answer each question in this section before we can process your application.

- 37 Are you a citizen of the United States? (In most cases you must be a U.S. citizen to be hired. You will be required to submit proof of identity and citizenship at the time you are hired.) If "NO", give the country or countries you are a citizen of: _____

YES NO

NOTE: It is important that you give complete and truthful answers to questions 38 through 44. If you answer "YES" to any of them, provide your explanation(s) in Item 45. Include convictions resulting from a plea of nolo contendere (no contest). Omit: 1) traffic fines of \$100.00 or less; 2) any violation of law committed before your 16th birthday; 3) any violation of law committed before your 18th birthday, if finally decided in juvenile court or under a Youth Offender law; 4) any conviction set aside under the Federal Youth Corrections Act or similar State law; 5) any conviction whose record was expunged under Federal or State law. We will consider the date, facts, and circumstances of each event you list. In most cases you can still be considered for Federal jobs. However, if you fail to tell the truth or fail to list all relevant events or circumstances, this may be grounds for not hiring you, for firing you after you begin work, or for criminal prosecution (18 USC 1001).

- 38 During the last 10 years, were you fired from any job for any reason, did you quit after being told that you would be fired, or did you leave by mutual agreement because of specific problems?.....
- 39 Have you ever been convicted of, or forfeited collateral for any felony violation? (Generally, a felony is defined as any violation of law punishable by imprisonment of longer than one year, except for violations called misdemeanors under State law which are punishable by imprisonment of two years or less.).....
- 40 Have you ever been convicted of, or forfeited collateral for any firearms or explosives violation?.....
- 41 Are you now under charges for any violation of law?.....
- 42 During the last 10 years have you forfeited collateral, been convicted, been imprisoned, been on probation, or been on parole? Do not include violations reported in 39, 40, or 41, above.....
- 43 Have you ever been convicted by a military court-martial? If no military service, answer "NO".....
- 44 Are you delinquent on any Federal debt? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government plus defaults on Federally guaranteed or insured loans such as student and home mortgage loans.).....

YES NO

- 45 If "YES" in: 38 - Explain for each job the problem(s) and your reason(s) for leaving. Give the employer's name and address.
39 through 43 - Explain each violation. Give place of occurrence and name/address of police or court involved.
44 - Explain the type, length and amount of the delinquency or default, and steps you are taking to correct errors or repay the debt. Give any identification number associated with the debt and the address of the Federal agency involved.

NOTE: If you need more space, use a sheet of paper, and include the item number.

Item No.	Date (Mo./Yr.)	Explanation	Mailing Address
			Name of Employer, Police, Court, or Federal Agency
			City State ZIP Code
			Name of Employer, Police, Court, or Federal Agency
			City State ZIP Code

- 46 Do you receive, or have you ever applied for retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?.....
- 47 Do any of your relatives work for the United States Government or the United States Armed Forces? Include: father; mother; husband; wife; son; daughter; brother; sister; uncle; aunt; first cousin; nephew; niece; father-in-law; mother-in-law; son-in-law; daughter-in-law; brother-in-law; sister-in-law; stepfather; stepmother; stepson; stepdaughter; stepbrother; stepsister; half brother; and half sister.....
- If "YES", provide details below. If you need more space, use a sheet of paper.

YES NO

Name	Relationship	Department, Agency or Branch of Armed Forces

SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION**YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign.**

- A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).
- If you are a male born after December 31, 1959 you must be registered with the Selective Service System or have a valid exemption in order to be eligible for Federal employment. You will be required to certify as to your status at the time of appointment.
- I understand that any information I give may be investigated as allowed by law or Presidential order.
- I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies and other individuals and organizations, to investigators, personnel staffing specialists, and other authorized employees of the Federal Government.
- I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

48 SIGNATURE (Sign each application in dark ink)

49 DATE SIGNED (Month, day, year)